RULE 26

SCHEDULES OF FEES FOR MEDICAL, SURGICAL, AND HOSPITAL SERVICES

A. The following Nebraska Workers' Compensation Court fee schedules, including the instructions, ground rules, unit values, and conversion factors set out in such schedules, are hereby adopted pursuant to section 48-120(1)(b) of the Nebraska Workers' Compensation Act. Reimbursement for medical, surgical, and hospital services provided pursuant to section 48-120 shall be in accordance with such schedules, except for inpatient hospital services covered by the Diagnostic Related Group inpatient hospital fee schedule established in section 48-120.04, and except for services covered by contract pursuant to section 48-120(1)(d).

1. Schedule of Fees for Medical Services, effective June 1, 2008.
2. Schedule of Fees for Hospitals and Ambulatory Surgical Centers, effective January 1, 2008.
3. Schedule of Fees for Implantable Medical Devices, effective January 1, 2008.

Such schedules and the Diagnostic Related Group inpatient hospital fee schedule established in section 48-120.04 shall be available for examination in the offices of the court in Lincoln, Nebraska, and the court's courtroom in Omaha, Nebraska, and shall be available free of charge on the court's web site at http://www.wcc.ne.gov.

B. The Diagnostic Related Group inpatient hospital fee schedule established in section 48-120.04 shall include the following Medicare Diagnostic Related Groups, effective January 1, 2008:

DRG	DRG Description
088	Concussion w MCC
089	Concussion w CC
090	Concussion w/o CC/MCC
453	Combined anterior/posterior spinal fusion w MCC
454	Combined anterior/posterior spinal fusion w CC
455	Combined anterior/posterior spinal fusion w/o CC/MCC
459	Spinal fusion except cervical w MCC
460	Spinal fusion except cervical w/o MCC
463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC
464	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC
465	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC
466	Revision of hip or knee replacement w MCC
467	Revision of hip or knee replacement w CC
468	Revision of hip or knee replacement w/o CC/MCC
469	Major joint replacement or reattachment of lower extremity w MCC
470	Major joint replacement or reattachment of lower extremity w/o MCC
471	Cervical spinal fusion w MCC
472	Cervical spinal fusion w CC
473	Cervical spinal fusion w/o CC/MCC
480	Hip & femur procedures except major joint w MCC
481	Hip & femur procedures except major joint w CC
490	Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim
491	Back & neck proc exc spinal fusion w/o CC/MCC
492	Lower extrem & humer proc except hip, foot, femur w MCC

493	Lower extrem & humer proc except hip, foot, femur w CC
494	Lower extrem & humer proc except hip, foot, femur w/o CC/MCC
495	Local excision & removal int fix devices exc hip & femur w MCC
496	Local excision & removal int fix devices exc hip & femur w CC
497	Local excision & removal int fix devices exc hip & femur w/o CC/MCC
500	Soft tissue procedures w MCC
501	Soft tissue procedures w CC
502	Soft tissue procedures w/o CC/MCC
503	Foot procedures w MCC
504	Foot procedures w CC
505	Foot procedures w/o CC/MCC
507	Major shoulder or elbow joint procedures w CC/MCC
508	Major shoulder or elbow joint procedures w/o CC/MCC
510	Shoulder,elbow or forearm proc,exc major joint proc w MCC
511	Shoulder,elbow or forearm proc,exc major joint proc w CC
512	Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC
535	Fractures of hip & pelvis w MCC
536	Fractures of hip & pelvis w/o MCC
551	Medical back problems w MCC
552	Medical back problems w/o MCC
562	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC
563	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC
602	Cellulitis w MCC
603	Cellulitis w/o MCC
604	Trauma to the skin, subcut tiss & breast w MCC
605	Trauma to the skin, subcut tiss & breast w/o MCC
901	Wound debridements for injuries w MCC
902	Wound debridements for injuries w CC
903	Wound debridements for injuries w/o CC/MCC
906	Hand procedures for injuries
913	Traumatic injury w MCC
914	Traumatic injury w/o MCC
928	Full thickness burn w skin graft or inhal inj w CC/MCC
929	Full thickness burn w skin graft or inhal inj w/o CC/MCC
935	Non-extensive burns
963	Other multiple significant trauma w MCC
964	Other multiple significant trauma w CC
965	Other multiple significant trauma w/o CC/MCC

C. Claims for inpatient trauma services submitted by hospitals identified in section 48-120(1)(c) prior to January 1, 2010 shall be reimbursed under the schedule of fees established by Rule 26,A,2, unless otherwise contracted pursuant to section 48-120(1)(d). A claim for inpatient trauma services shall mean a claim which has at least one of the following ICD-9-CM diagnosis codes in UB-04 Form Locator 67: Injury codes in the range of 800-959.9, 994.1 (drowning), 994.7 (asphyxiation and strangulation), or 994.8 (electrocution); and either:

1. The patient was admitted to the hospital from the emergency department (UB-04 Form Locator 14 with Priority (Type) of Visit as: 1-Emergency, or 5-Trauma), or
2. The patient was transferred out of the hospital (UB-04 Form Locator 17 with Patient Discharge Status 02- Discharged/transferred to a Short Term General Hospital for Inpatient Care), or

3 The patient was admitted directly to the hospital, bypassing the emergency department (UB-04 Form Locator 14 with Priority (Type) of Visit as: 1-Emergency, or 5-Trauma), or

4. The patient died in the emergency department (UB-04 Form Locator 17 with Patient Discharge Status 20-Expired), or

5. The patient was dead on arrival in the emergency department (UB-04 Form Locator 17 with Patient Discharge Status 20-Expired).

Section 48-120, R.S. Supp., 2007.
Effective date June 1, 2008.